

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
FORM C/OH
COVER SHEET PG 1
P 3: 20

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Ms.

Sheila

D.

NICKNAME

LAST

SUFFIX

McNeil

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

5702 Hawaiian Sun, San Antonio, TX

78244

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210)

661-9432

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mr.

Lou

NICKNAME

LAST

SUFFIX

Miller

Receipt #

Amount

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1717 Loop 1604 E, Ste 220, San Antonio, Texas 78232

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210)

490-5200

9 REPORT TYPE

☒

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign treasurer appointment (officeholder only)

☐

July 15

☐

8th day before election

☐

Exceeded \$500 limit

☐

Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

10 / 14 / 04

THROUGH

Month

Day

Year

12 / 31 / 04

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 07 / 05

ELECTION TYPE

☐

Primary

☐

Runoff

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council District 2

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

FORM C/OH

COVER SHEET PG 2

15 C/OH NAME

Sheila D. McNeil

2005 JAN 18 P 3:20

ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ - 0 -

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2600.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 937.30

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

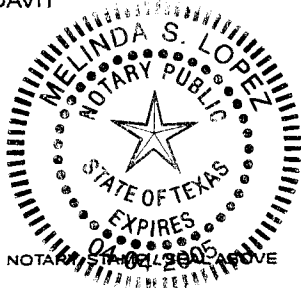
\$ - 0 -

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ - 0 -

19 AFFIDAVIT



AFFIX NOTARY SEAL HERE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Sheila D. McNeil
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Sheila McNeil, this the 18th day of January, 20 05, to certify which, witness my hand and seal of office.

Melinda S. Lopez
Signature of officer administering oath

Melinda S. Lopez
Printed name of officer administering oath

Notary
Title of officer administering oath



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

Sheila D. McNeil

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/24/04

5 Full name of contributor

☐ out-of-state PAC (ID#)

GSABA-SABPAC

6 Contributor address; City; State; Zip Code

8925 IH-10 West
San Antonio, Texas 78230

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/24/04

Full name of contributor

☐ out-of-state PAC (ID#)

Becky Oliver

Contributor address; City; State; Zip Code

8214 Summit Place
Houston, Texas 78071

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/15/04

Full name of contributor

☐ out-of-state PAC (ID#)

Floyd Wilson, Jr

Contributor address; City; State; Zip Code

18011 Bullis HL
San Antonio, Texas 78258

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/17/04

Full name of contributor

☐ out-of-state PAC (ID#)

Marlene Hawkins

Contributor address; City; State; Zip Code

601 E. Carson
San Antonio, Texas 78208

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/17/04

Full name of contributor

☐ out-of-state PAC (ID#)

(Ret) MSG Leon Thomas

Contributor address; City; State; Zip Code

1206 Picardie Dr
San Antonio, Texas 78219

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

2005

JAN 18 2005
Total pages Schedule A: 1

2 FILER NAME Sheila D. McNeil		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/17/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: I. Marie Stout 6 Contributor address: City: State: Zip Code P.O. Box 8399 San Antonio, Texas 78208	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/10/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Phyllis V. Geallay Contributor address: City: State: Zip Code 25507 Mesa Rnch San Antonio, Texas 78258	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/10/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jose Alfaro Contributor address: City: State: Zip Code 16911 Hidden Oak woods San Antonio, Texas 78248	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/10/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Donna Normandin Contributor address: City: State: Zip Code 4426 Hall Park San Antonio, Texas 78218	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/10/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Cheryl D. Garcia Contributor address: City: State: Zip Code 11433 Lago Vista Helotes Tx 78023	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2005 JAN 18 P 3:20

1 Total pages Schedule A:

2 FILER NAME

Sheila D. McNeil

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/10/04

5 Full name of contributor

☐ out-of-state PAC (ID#)

Crystal W. Darby

6 Contributor address; City; State; Zip Code

6000 Trone Tr
San Antonio, Texas 78238

7 Amount of contribution (\$)

\$50.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/27/04

Full name of contributor

☐ out-of-state PAC (ID#)

Low Miller

Contributor address; City; State; Zip Code

1717 N. Loop 1604 E Ste 200
San Antonio, Texas 78232

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/31/04

Full name of contributor

☐ out-of-state PAC (ID#)

J Abel Godines

Contributor address; City; State; Zip Code

19723 La Sierra
San Antonio, Texas 78249

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/17/04

Full name of contributor

☐ out-of-state PAC (ID#)

Laura Alderman King

Contributor address; City; State; Zip Code

319 Woodway Forest
San Antonio, Texas 78216

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS**SCHEDULE E**

2005 JAN 18 PM 3:20

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E:	
2 FILER NAME Sheila D. McNeil		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨			\$
5 Date of loan 10/15/04	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheila D. McNeil		9 Loan Amount (\$) 551.87
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 5702 Hawaiian Sun San Antonio, Texas 78244		10 Interest rate -0-
11 Maturity date			
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input checked="" type="checkbox"/> none			
15 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable		16 Name of guarantor 17 Guarantor address; City; State; Zip Code	
18 Amount Guaranteed (\$)			
19 Principal Occupation		20 Employer	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)		Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code		Interest rate
			Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION <input type="checkbox"/> not applicable		Name of guarantor Guarantor address; City; State; Zip Code	
Amount Guaranteed (\$)			
Principal Occupation		Employer	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.			

POLITICAL EXPENDITURES**SCHEDULE F**

2005 JAN 18 PM 3:20

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Sheila D. McNeil

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/9/04

5 Payee name

Michael's

7 Amount (\$)

15.44

6 Payee address; City; State; Zip Code

8610 Fourwinds Dr
San Antonio, Texas 78239

8 Purpose of payment (See instructions regarding type of information required.)

Campaign supplies

9

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

11/10/04

Payee name

Aldaco's Mexican Cuisine

Amount (\$)

43.00

Payee address; City; State; Zip Code

100 Hoeftgen Ave
San Antonio, Texas 78203

Purpose of payment (See instructions regarding type of information required.)

Campaign Event

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

11/17/04

Payee name

Spaghetti Warehouse

Amount (\$)

100.00

Payee address; City; State; Zip Code

1226 E. Houston St
San Antonio, Texas 78205

Purpose of payment (See instructions regarding type of information required.)

Campaign Event

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

11/19/04

Payee name

Office Depot

Amount (\$)

50.62

Payee address; City; State; Zip Code

8510 Fourwinds Dr
San Antonio, Texas 78218

Purpose of payment (See instructions regarding type of information required.)

Office Supplies

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



POLITICAL EXPENDITURES

CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

2005 JAN 18 PM 3:21

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME Sheila D. McNeil

3 ACCOUNT # (Ethics Commission filers)

4 Date
12/30/04

5 Payee name
City of San Antonio
6 Payee address; City; State; Zip Code
P.O. Box 839966
San Antonio, Texas 78283

7 Amount (\$)
10.00

8 Purpose of payment (See instructions regarding type of information required.)

Campaign Packet

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date
12/30/04

Payee name
Allied Advertising
Payee address; City; State; Zip Code
3700 Blanco Rd
San Antonio, Texas 78212

Amount (\$)
\$ 275.00

Purpose of payment (See instructions regarding type of information required.)

Campaign Signs

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date
10/20/04

Payee name
Monarch Trophy Studio
Payee address; City; State; Zip Code
2121 N. W. Military Hwy
San Antonio, Texas 78213

Amount (\$)
\$ 21.65

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date
12/28/04

Payee name
Dixie Flag Manufacturing
Payee address; City; State; Zip Code
1930 N. Pan Am Expressway
San Antonio, Texas 78208

Amount (\$)
\$ 66.80

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2005 JAN 18 PM 3:21

1 Total pages Schedule F:

2 FILER NAME Sheila D. McNeil

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/2/04

5 Payee name

Walmart

7 Amount (\$)

\$40.31

6 Payee address; City; State; Zip Code

8315 FM 78
San Antonio, Texas 78244

8 Purpose of payment (See instructions regarding type of information required.)

Office Supplies

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

12/31/04

Payee name

Aldaco's Mexican Cuisine

Amount (\$)

\$14.28

Payee address; City; State; Zip Code

100 Hoefgen Avenue
San Antonio, Texas 78205

Purpose of payment (See instructions regarding type of information required.)

Campaign Meeting

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

11/8/04

Payee name

Liz Cearza-Williams

Amount (\$)

\$150.00

Payee address; City; State; Zip Code

105 N. Alamo St
San Antonio, Texas 78205

Purpose of payment (See instructions regarding type of information required.)

Campaign Pictures

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

12/10/04

Payee name

Liz Cearza-Williams

Amount (\$)

\$100.00

Payee address; City; State; Zip Code

105 N. Alamo St
San Antonio, Texas 78205

Purpose of payment (See instructions regarding type of information required.)

Campaign Photos

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED